Blood-Stream Infection (CDC)

From: Leone, Melissa [Melissa.Leone@apria.com]

Sent: Wednesday, December 02, 2009 9:56 PM

To: Blood-Stream Infection (CDC)

Subject: Comments on draft of Guidelines for the Prevention of Intravascular Catheter-Related Infections

As a tenured provider of home infusion services, I was pleased to see that home care was part of the intended audience, as mentioned in line 40 of the draft. I was disappointed by the time I reached line 1300, because there was little attention paid to the types of VADs and care associated with the long term VAD in the home care setting.

A document of this nature is expected to take the high road by focusing on the behaviors that can impact a better patient outcome, not by advocating for specific product brands such as 2% CHG and Biopatch. 2% Chlorhexidine has not been proven to be a better antiseptic for catheter care than sequential triple swabs of 70% alcohol followed by povidone iodine, nor has it been proven to be as or more effective that a combination alcohol/povidone iodine solution. The continued support of a study that compared CHG to alcohol and povidone iodine alone is insulting to those who know that they were never intended to be used that way.

Our national home infusion company has continued to demonstrate some of the lowest catheter infection rates in the industry while using sequential alcohol and povidone iodine swabs and/or a combination product. Our VAD infection rates of 0.24 per 1,000 catheter days demonstrate the effectiveness of traditional antiseptics when they are a part of a systematic practice that follows proven strategies for prevention of catheter infections.

I would be pleased to see you include the following:

1. Recommendations for the length of time that a VAD injection cap should be cleaned before being accessed. 15 seconds has been demonstrated to be quite effective in the literature. Remove the recommendation for use of chlorhexidine swabs as an injection cap cleaning agent. This has NOT been demonstrated in the literature you quote to be more effective than alcohol swabs, and the impact of a 10 fold increase in cost would have a significant impact on our already shrinking margins.
2. Recommendations for measuring and reporting VAD infection rates with benchmarking amongst similar healthcare settings. Rather than pushing us to use 2% CHG, applaud our achievement of the low VAD infection rates I stated above with our continued use of a combination alcohol/PVP-I solution. If we are unable to achieve equivalent rates to the rest of the industry, then make the recommendation that the antiseptic solution be revisited.
3. Acknowledge the tremendously positive impact that positive displacement luer-activated valves have on the home infusion population. With adequate (15 second) cleaning prior to access, these injection caps not only provide an adequate barrier to bacteria, but they cut the rate of catheter occlusion to ¼ of negative displacement injection caps.
4. Your 2002 Guidelines have conflicted with INS standards on the subject of tubing change for several years. This draft provides an opportunity to differentiate between continuous and intermittent tubing sets, and the recommended frequency of change for each. Please consult the INS standards and match up your guidelines.
5. Our company has collected over 100,000 catheter days of data that compares a split septum valve with a positive displacement luer-activated valve for infection and occlusion rates. We found that the split septum valve had a cath infection rate of 0.28 per 1,000 catheter days, and the positive displacement luer-activated valve demonstrated a VAD infection rate of 0.23/1,000 catheter days. Occlusions rates for the positive displacement luer activated valve were 0.09, as compared to the split septum valve at 0.44 per 1,000 catheter days. Catheter occlusion rates can have a huge impact of therapy and patient outcomes, as well as generating potential for greater infection, additional needle stick opportunities, and the costs associated with another home visit and the possibilities of missed doses of medication.

Thank you for the opportunity to review this draft. I would be happy to speak with anyone who has specific questions.

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